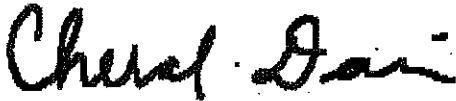


FACILITY EVALUATION REPORT

FACILITY NAME:	COURT YARD ESTATES	FACILITY NUMBER:	198205250
ADMINISTRATOR:	DIMITRI ZAFIRIS	FACILITY TYPE:	740
ADDRESS:	27104 FOND DU LAC ROAD	TELEPHONE:	(310) 392-9196
CITY:	RANCHO PALOS VERDES	ZIP CODE:	90275
CAPACITY:	6	DATE:	02/20/2019
TYPE OF VISIT:	Case Management	TIME BEGAN:	12:17 PM
MET WITH:		TIME COMPLETED:	01:30 PM

NARRATIVE

1 This report was mailed to licensee via certified mail on 2/20/2019. On March 22, 2018, the
2 Department concluded a complaint investigation, which alleged that the Licensee failed to keep the
3 facility free of vermin (rats). During the investigation, the Department determined that the Licensee
4 failed to provide adequate care and supervision to R1, which resulted in R1 sustaining numerous
5 pressure injuries, developing severe sepsis, and exposure to rats.
6
7
8 On January 14, 2019 the Licensee was cited for violating California Code of Regulations (CCR) Title
9 22, § 87466 Observation of the Resident, for neglect by failing to document and bring changes to
10 the attention of R1's physician and responsible person; CCR Title 22 § 87615 (a)(1) Prohibited
11 Health Conditions for retaining R1 with stage 3 and 4 pressure injuries; CCR Title 22 § Personal
12 Rights 87468.2(a) (8) for neglect for failing to uphold resident's rights; and CCR Title 22 §
13 87211(a)(1)(A)(B) for failing to report the hospitalization and death of R1 to the Department.
14
15
16 The investigation revealed that R1 a had history of hospitalization and skilled nursing facility
17 admissions prior to transfer before being transferred to Courtyard Estates in February of 2016.
18 Based on the physician's report dated February 22, 2016, R1 had Dementia; Osteoarthritis; required
19 assistance with all Activities of Daily Living (ADLs); was incontinent of both bladder and bowel; and
20 was free of skin breakdown. R1 received hospice and palliative care from February 2016 to August
21 2017. Based on the hospice discharge report, she was discharged from hospice care , because
22 she was eating better, ; no longer required oxygen, and no discernable skin problems were noted.
23
24
25

SUPERVISOR'S NAME: Myriam Luga**TELEPHONE:** (323) 980-4932**LICENSING EVALUATOR NAME:** Cheraki Davis**TELEPHONE:** (323) 980-4935**LICENSING EVALUATOR SIGNATURE:****DATE:** 02/20/2019

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 02/20/2019

This report must be available at Child Care and Group Home facilities for public review for 3 years.

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** COURT YARD ESTATES**FACILITY NUMBER:** 198205250**VISIT DATE:** 02/20/2019**NARRATIVE**

On February 20, 2018 R1 was hospitalized and diagnosed with severe sepsis, pneumonia and toxic encephalopathy. According to the American Journal of Nursing, sepsis is "the presence in tissues of harmful bacteria and their toxins, typically through infection of a wound." Per the National Institutes of Health, toxic encephalopathy is "used to indicate brain dysfunction caused by toxic exposure". In addition, R1 was diagnosed with approximately 10 pressure injuries. According to the Mayo Clinic, "pressure injuries (pressure ulcers) are injuries to skin and underlying tissue resulting from prolonged pressure on the skin." The pressure injuries were staged as followed:

1. Left hip- Deep tissue pressure injury measuring 6 x 7 cm dark- maroon discoloration with partial thickness skin loss, multiple blisters, periwound intact, small serosanguinous discharge (consisting of serum and blood – medical-dictionary.com), no malodor
2. Sacral region- Unstageable measuring 7 x 8 x 0.4 cm- full thickness skin loss, wound base 40% yellow to tan in color and black necrosis, serosanguinous discharge minimal, no malodor. Periwound is intact, no signs and symptoms of abscess formation.
3. Left heel- Stage 3 - Deep tissue pressure injury measuring 6 x 8 cm- Appears to be ruptured blister, wound base very dark maroon almost black (40% of the wound base), serosanguinous discharge minimal, no malodor, periwound intact.
4. Left foot 1st metatarsal- Deep tissue pressure injury measuring 6.5 x 3 cm- partial thickness skin loss – deep maroon discoloration with partial thickness skin loss, no discharge, periwound intact.
5. Right foot 5th metatarsal- Deep tissue pressure injury measuring 2.5 x 2 cm- maroon discoloration with partial thickness skin loss, no discharge, periwound intact.
6. Left foot 5th metatarsal- Deep tissue pressure injury measuring 3.5 x 3 cm- maroon discoloration, no boggiess to the wound palpation, no discharge, periwound intact
7. Left lateral thigh Stage 2 measuring 3.5 x 3 cm- Intact, clear fluid filled blisters.

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FACILITY EVALUATION REPORT (Cont)CCLD Regional Office, 1000 CORPORATE DR #100
MONTEREY PARK, CA 91754**FACILITY NAME:** COURT YARD ESTATES**FACILITY NUMBER:** 198205250**VISIT DATE:** 02/20/2019**NARRATIVE**

1 8.Right upper posterior chest Stage 2- partial thickness skin loss, healing and almost dry, no
2 discharge, periwound intact.

3 9.Right medial malleolus Stage 1.

4 10.Right lateral malleolus Stage 1.

5
6
7 On February 22, 2018, R1 was discharged back to Court Yard Estates on hospice care with
8 diagnoses of Encephalopathy, suspect toxic metabolic etiology secondary to sepsis; sepsis,
9 leukocytosis (per the Mayo Clinic high white blood), fever, suspect secondary to left lower lobe
10 pneumonia, with multiple pressure injuries; anemia, no signs and symptoms of bleeding; dementia;
11 functional paraplegia; upper and lower extremity contractions; and multiple pressure injuries.
12

13 During the investigation, the Department interviewed Staff 1 who stated that on March 7, 2018, he
14 observed that R1 was missing skin tissue on her left hand and what appeared to be bite marks on
15 the arch of her left foot as well as on the pressure injury at the base of the big toe. Staff 1 observed
16 a rat and rat droppings around R1's blanket.
17

18 The licensee admitted that rats were observed inside the facility, but stated that he had rectified the
19 problem.
20

21 On March 11, 2018 R1 passed away, and the death certificate listed the cause of death as sepsis
22 and pneumonia.
23

24 Based on a thorough investigation, which includes observation, interviews, and record reviews, the
25 Licensee failed to provide proper care and supervision to R1. This resulted in R1 suffering a serious
26 bodily injury, including the development of numerous pressure injuries between August 2017 and
27 February 2018 and sustaining rat bites to R1's body, ultimately leading to hospitalization.
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29
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SUPERVISOR'S NAME: Myriam Luga**TELEPHONE:** (323) 980-4932**LICENSING EVALUATOR NAME:** Cheraki Davis**TELEPHONE:** (323) 980-4935**LICENSING EVALUATOR SIGNATURE:****DATE:** 02/20/2019**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 02/20/2019